Fermilab

REQUEST FOR REGISTRATION FEE PAYMENT

Make check* / wire transfer (circle one) payable to:

Name: _____   Amount (USD) $ _____

Address: _____   or Foreign Currency   _____

_____   Project #_____

_____   Task #_____

_____   Expenditure Organization _____

_____   Requestor Name _____

In the above address, please provide a contact to have the payment sent directly to. This will help stop checks from being lost in the mail. If request must be made by wire (USD or foreign currency), please use the address fields for the bank routing information.

*Accounting, mail the check to the above address: Yes _____

*Accounting, the Requestor will pick up the check: Yes _____   Extension # _____

Conference Details:

Conference Attendee: _____

Name of Conference: _____

Dates of Conference: _____

Location of Conference   _____

Please **attach a photocopy of the completed registration form** required by the conference and a copy of any related materials, which **disclose meals provided or other items included** in this conference fee payment.

Accounting recommends that the attendee send in his/her registration form to the conference directly rather than including it with conference payment. Accounting will provide attendee name on the check stub. **Payment requests not received in Accounting at least 7 working days in advance of the conference registration deadline cannot be guaranteed to meet the deadline.**

Approval Information:

Signature of Project/Task Approver _____   ID#_____

For Accounting Use Only:		
Registration / Conference Fee Project #_____Task # _____		$_____
Meals/Hotel Portion 11402		$_____

03/03